



LICENSURE CERTIFICATION REQUEST

State Form 8521 (R2 / 7-99)

Approved by State Board of Accounts, 1993

Indiana State Board of Funeral and Cemetery Service

Indiana Professional Licensing Agency

302 W. Washington St., Rm. E034

Indianapolis, Indiana 46204-2700

Telephone: (317) 232-2980

INSTRUCTIONS: Complete the top portion of this page and forward to the state in which you are currently licensed.

Name (last, first, middle, maiden)			
Address (Street, city state ZIP code)			
License number		Date of issuance	
I hereby authorize the _____ Board of Funeral Service to furnish the Indiana Funeral Service Board the (State of original licensure) information requested below.			
Signature		Date	
APPLICANT: DO NOT WRITE BELOW THIS LINE - FOR LICENSING AGENCY USE			
The above named person has applied for a license by reciprocity to practice funeral service in INDIANA . Please complete the following information and return to this office.			
LICENSE TYPE		LICENSURE REQUIREMENT	
<input type="checkbox"/> Embalmer		<input type="checkbox"/> Embalmer examination	
<input type="checkbox"/> Funeral director		<input type="checkbox"/> Funeral director examination	
<input type="checkbox"/> Combination thereof		<input type="checkbox"/> Combination thereof	
EDUCATIONAL REQUIREMENTS			
1. Premortuary school education required. (Check one)			
Embalmer	Yes <input type="checkbox"/> No <input type="checkbox"/>	Funeral director	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Combination	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Length of mortuary course required:			
Embalmer	Yes <input type="checkbox"/> No <input type="checkbox"/>	Funeral director	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Combination	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Required years of internship			
Embalmer	Yes <input type="checkbox"/> No <input type="checkbox"/>	Funeral director	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Combination	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Other:			
CERTIFICATION			
I, _____, Secretary of the _____ certify that Name of board			
_____ was granted embalmer license number _____ on the _____ day of Name of applicant			
_____, _____; and / or funeral director license number _____ on the _____ day of			
_____ ; or combination thereof, license number _____ and that said license(s) have			
been renewed for the year ending on the _____ day of _____, _____.			
I, further certify that _____ obtained the following scores on the written examinations: Name of applicant			
Embalmer:	Score:	Date of examination:	Passing score:
Funeral director:	Score:	Date of examination:	Passing score:
Other:	Score:	Date of examination:	Passing score:

(Continued on reverse side)

Acting on behalf of the _____, I hereby certify that this information is true and correct.
(State of original licensure)

Signature of Secretary

Printed name of Secretary

Name of board

Address of board *(number, street)*

City and state

Date

A copy of the license law of state of issuance must accompany the application for reciprocal licensure.

BOARD SEAL